

Request To Use Work Site for Field Education

Agency _____

Address _____
Street City Zip Code

Telephone _____ --- _____ -- _____
Area Code

Agency director _____

Current supervisor _____

How many hours per week do you work? _____

Current job description (continue on back of this form, if necessary) _____

Proposed intern responsibilities _____

Proposed field educator _____ SWK degree: Y or N
Name (Circle one)

I give the field education coordinator permission to discuss my proposal to do my internship at my work site. I understand that I must complete 210 hours of field instruction per semester and that the duties and responsibilities for which I am paid must differ from my internship experience, that the clients whom I serve as a Social Work intern are different from those with whom I work as a paid employee, and that my work supervisor is not my field educator.

Print name

Signature

